MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

770.5 159 0816

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Price
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Price
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Beverly (Middle) Ann (Last) Bostic
4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 18 1949
9. AGE last birthday yrs. If under 1 year Months Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) near Price Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Clarence Mansfield
14. MOTHER'S MAIDEN NAME Virginia Bostic
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Virginia Bostic

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature birth — Icterus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1949, to Jan 25, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher (Degree or title) ADDRESS Centreville Md DATE SIGNED 1/26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-26-49
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) Sudlersville (State) Md.
DATE REC'D BY LOCAL REG. 1-26-49
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0817

181
52 b

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester (Rural); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester (Rural); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Felix (Middle) Eugene (Last) Gardner

4. DATE OF DEATH: (Month) January (Day) 10th (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 29. 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Income Tax Division State of Md

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W.T. Gardner

14. MOTHER'S MAIDEN NAME: Daisy Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John W.T. Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Papillo - carcinoma of

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) urinary bladder (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) about 5 years (b) since birth (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. have lip cleft palate

19a. DATE OF OPERATION: Jan. 6. 1945

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1948 to Jan. 10, 1949, that I last saw the deceased alive on Jan. 10, 1949, and that death occurred at 3 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theodor Sattelmaier M.D. Stevensville, Md. Jan. 10. 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan 12-49

NAME OF CEMETERY OR ~~CREMATORY~~: Stevensville

LOCATION (City, town, or county): Stevensville (State): Md

DATE REC'D BY LOCAL REG.: Jan 12, 49

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Barton Bros Centreville, Md. ADDRESS

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JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0818

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
MARYLAND
LENGTH OF STAY (In this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location) Spaniard Neck.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUSIE	VIRGINIA	HUNTER	Jan	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug 16-1857	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	—	Caroline Co. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W Sparks	Rachael Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Mrs Rayden Powell Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia in Right Side	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cancer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-15, 1944 to 1-23, 1949, that I last saw the deceased alive on 1-20, 1944 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE W. S. McPherson (Degree or title) ADDRESS Centreville Md DATE SIGNED 1-25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 26-49	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-49	Chas Armstrong	Barton Bros	Centreville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

EVIDENCE FOR ADDITION OF DATE OF BURIAL SHOWN ON:

FILM No. G 118 JAN 21 1949

571.0 0819

119a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo. 4 da.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Florence Irene Seward

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov 3 - 1948

8. AGE: Years | Months: 2 | Days: 4 | If less than one day ... hrs. ... min.

9. Birthplace: Grasonville, Md (Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER

12. Name: Charles A Seward

13. Birthplace: Grasonville

MOTHER

14. Maiden name: Irene Romona Cole

15. Birthplace: Centreville, Md

16. Informant: Charles A Seward

Address: Centreville, Md

17. Burial (Burial, cremation, or removal, Where?) Date thereof: Jan 8, 1949 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville

18. Funeral director: Barton Bros

Address: Centreville, Md

19. 1 - 8 - 1949 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 7th 1949 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1949 to Jan. 7 1949 and that I last saw h ... alive on ... 19

Immediate cause of death: Rotten Aneta

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: H. S. McKinney M. D. or other

Address: Centreville, Md Date signed 1/7/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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RECEIVED
JAN 17 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 0820

CERTIFICATE OF DEATH

83a

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Starkeys Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Starkeys Corner
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MOLLY (Middle) E. (Last) SPARKS
4. DATE OF DEATH (Month) JAN. (Day) 29 (Year) 1949
5. SEX FEM.
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH MAY 31 1873
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Helen Frizbee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) High Blood Pressure	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ None
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan 28 1949 to Jan 29 1949 that I last saw the deceased alive on January 28 and that death occurred at 3 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Norman E. Dudley MD Church Hill Jan 30 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 2 - 1949
NAME OF CEMETERY OR CREMATORY CHURCH HILL
LOCATION (City, town, or county) CHURCH HILL (State) MD.
DATE REC'D BY LOCAL REG. Feb. 1 - 1949
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS

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FEB 11 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331
83a

CERTIFICATE OF DEATH

Reg. Dist. No. 0821 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRICE
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) (Last) TILDEN
4. DATE OF DEATH (Month) JAN. (Day) 26 (Year) 1949
5. SEX FEM
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE last birthday about 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Queen Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Taylor
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Amanda Gibbs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No
(CITY OR TOWN) Price (COUNTY) Queen Anne (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐ No
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan 23, 1949, to Jan 26, 1949 that I last saw the deceased alive on Jan 26, 1949 and that death occurred at 3 P.M. m., from the causes and on the date stated above.

SIGNATURE Norman S. Dudley MD (Degree or title) ADDRESS Church Hill Md DATE SIGNED Jan 28

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JAN. 29-1949
NAME OF CEMETERY, OR CREMATORY ROESVILLE
LOCATION (City, town, or county) NEAR PRICE (State) MD.
DATE REC'D BY LOCAL REG. Jan. 27-1949
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS

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1949
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FEB 11 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4221
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 1251

1. PLACE OF DEATH — COUNTY: Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ingleside — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Melvin's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Earle (Last) Usilton
4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dont Know
9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer
11. BIRTHPLACE (State or foreign country): Queen Anne Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James H Usilton
14. MOTHER'S MAIDEN NAME: Emily Clannahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John T. Usilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Interstitial Nephritis

(c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not reinted to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1944, to Jan. 17, 1949, that I last saw the deceased alive on Jan. 8, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Dr. Merritt Brice (Degree or title) — ADDRESS: Millington, Md — DATE SIGNED: Jan. 18/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 18-49 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: 1-18-49 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville, Md

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JAN 26 1949
BUREAU U. S.